

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2145

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 5225	
1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, write RURAL and give township) OR JEFFERSON BRKS, MO. c. LENGTH OF STAY (In this place) 50 DAYS d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR WENTZVILLE d. STREET ADDRESS (If rural, give location) RURAL ROUTE # 1			
3. NAME OF DECEASED (Type or Print) a. (First) LESTER b. (Middle) T. c. (Last) HILLMANN		4. DATE OF DEATH (Month) FEB (Day) 27 (Year) 1950		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11-17-07		9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHRISTIAN HILLMANN		13b. MOTHER'S MAIDEN NAME AGNES CAMBERON	
14. NAME OF HUSBAND OR WIFE BEATRICE HILLMANN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. ACUTE HYPERTROPHY AND DILATATION OF HEART b. ANTECEDENT CAUSES Due to (b) 2. MULTIPLE PULMONARY INFARCTS Due to (c) 3. RHEUMATIC HEART DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4/16X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-9-50 , 19 50 , to 2-27-50 , XXXXXX and that death occurred at 7:05 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stivers (Degree or title)		23b. ADDRESS JEFFERSON BRKS, MISSOURI		23c. DATE SIGNED 2-28-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/2/50		24c. NAME OF CEMETERY OR CREMATORY LAVRELL HILL CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	
DATE REC'D BY LOCAL REG. MAR 1 1950		REGISTRAR'S SIGNATURE Hubert L. ...		25. FUNERAL DIRECTOR'S SIGNATURE Colliers Colonial Fun. Home, St. Louis, Mo. ADDRESS			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 27 1957
MAR 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Sheldon Collier

Signed
Student Embalmer

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.